

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16113**
Registrar's No. **4339**

FILED MAY 14 1953

BIRTH MO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2199		
b. CITY OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			e. STREET ADDRESS (If rural, give location) 4405 Forest Park Blvd.,		
3. NAME OF DECEASED (Type or Print) Alan W. Price		a. (First) _____ b. (Middle) _____ c. (Last) Price		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 11, 1899	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Aeronautical Chart		11. BIRTHPLACE (City and State or Foreign Country) Providence, Kentucky	
13a. FATHER'S NAME Robert L. Price		13b. MOTHER'S MAIDEN NAME Frances Bassett		14. NAME OF HUSBAND OR WIFE Flossie Price	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY # WW-1		17. INFORMANT'S SIGNATURE OR NAME Flossie Price, 4405 Forest Park Blvd	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Larynx with Metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 161X	
22. I hereby certify that I attended the deceased from 11-19 , 19 52 , to 4-24 , 19 53 , that I last saw the deceased alive on 4-24 , 19 53 , and that death occurred at 2:35 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE John B. Anderson Jr. M.D.		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 4-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-25-53		24c. NAME OF CEMETERY OR CREMATORY Bighill Cemetery	
24d. LOCATION (City, town, or county) (State) Providence, Kentucky.					
DATE REC'D BY LOCAL REG. PR 27 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4108

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 1611353
Local Registrar's No. 4339

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth
for Alan W. Price died 4-24, 1953, in the State of
born _____

Missouri, and which was filed at _____ on _____, should be corrected as follows:

Item No. 2 should read Alan W. Price

Instead of Allen W. Price

Item No. 16 should read 494-09-7279

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Robert S. Klappe Fun.
Relationship.

4700 Washington
Present Address.

Subscribed and sworn to before me this 18 day of May, 19453

My Commission expires 3-4-57 Evelyn Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

